

**FUNCTIONAL VISION ASSESSMENT  
YOUNG CHILDREN AND STUDENTS WITH ADDITIONAL DISABILITIES**

Assessor: \_\_\_\_\_ Assessment Date(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Program: \_\_\_\_\_ Grade: \_\_\_\_\_

**REVIEW OF RECORDS**

Visual Diagnosis: \_\_\_\_\_

Visual Prognosis:    ☐ stable    ☐ deteriorating    ☐ capable of improvement    ☐ unknown

Eye Doctor:    Name: \_\_\_\_\_    Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of most recent assessment: \_\_\_\_\_

Visual Acuity without correction from doctor's report:

OD (right): \_\_\_\_\_ OS (left): \_\_\_\_\_ OU (both): \_\_\_\_\_

Visual Acuity with correction from doctor's report:

OD (right): \_\_\_\_\_ OS (left): \_\_\_\_\_ OU (both): \_\_\_\_\_

Glasses Prescribed: \_\_\_\_\_ Near \_\_\_\_\_ Distance

Contacts: \_\_\_\_\_ yes \_\_\_\_\_ no

Sunglasses: \_\_\_\_\_ yes \_\_\_\_\_ no

Visual Field from doctor's report: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Doctor's recommended activity limitations: \_\_\_\_\_

**Other Relevant Health/Medical/Educational Information:** (If this FVA is part of a complete Triennial, other health/medical information may not need to be repeated.)

**1A. INTERVIEW (Parent and/or Education)**

Does the student communicate about what he or she sees? Provide examples or behaviors.

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Does the student take medication regularly? Do you notice if he/she is visually affected by the medication?

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What materials does the student prefer for leisure activities? Provide examples or behaviors.

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When is the student most alert?

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What is the student's preferred position?

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Does the student demonstrate unusual sensory response, such as a startle, tactile defensiveness, or visual attraction?

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## **2. OBSERVATION**

### **2A. UNUSUAL VISUAL BEHAVIORS**

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Presses eyes | <input type="checkbox"/> Head tilt when viewing  | <input type="checkbox"/> Light flicks             |
| <input type="checkbox"/> Pokes eyes   | <input type="checkbox"/> Twirls or spins objects | <input type="checkbox"/> Shakes head side to side |
| <input type="checkbox"/> Other        |  |   |

Comments \_\_\_\_\_

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### **2B. SOCIAL BEHAVIORS DEPENDENT UPON VISION CUES**

- ☐ Identifies people from distance (specify distance) \_\_\_\_\_
- ☐ Identifies facial expressions (specify distance) \_\_\_\_\_
- ☐ Maintains appropriate social distance when talking (specify distance) \_\_\_\_\_
- ☐ Uses appropriate gestures (*for school-age students*) \_\_\_\_\_
- ☐ Recognizes gestures of others \_\_\_\_\_
- ☐ Uses eye contact \_\_\_\_\_

Comments \_\_\_\_\_

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### **2C. BEHAVIORAL IMPRESSIONS**

- ☐ Responds to simple verbal requests
- ☐ Communicates verbally    ☐ communicates non-verbally only
- ☐ Responds more readily to familiar people
- ☐ Responds more readily in familiar places
- ☐ Has limited hand use (specify) \_\_\_\_\_
- ☐ Has limited mobility (specify) \_\_\_\_\_

☐ Requires minimal environmental distractions to stay on task

Comments\_\_\_\_\_

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## **2D. PREFERRED AREA OF VIEWING**

*Observe the student's visual behaviors during usual activities for preferred areas of viewing. Pay attention to direction and distance. For students with physical impairments, it is important to determine if responses are due to physical or visual limitation or both.*

Responds and/or reaches for objects or people based on vision alone:

☐ To the right      ☐ to the left      ☐ above      ☐ below      ☐ directly in front

## **2D. PREFERRED DISTANCE OF VIEWING**

Natural viewing distance for viewing up close\_\_\_\_\_

Natural viewing distance for viewing far away\_\_\_\_\_

*Describe head tilts when viewing (These postures may be adopted to achieve the null point for nystagmus, to compensate for a peripheral field loss, or to view eccentrically if there is a central scotoma)*

☐ Must first touch or hear object before vision is used to investigate it.

Comments\_\_\_\_\_

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## **2F. BRIGHTNESS SENSITIVITY**

*Be sure to observe lighting needs of students who must lay on their backs in the classroom; in some cases, overhead lights may be uncomfortable for them.*

Outdoors, student prefers to use: ☐ baseball cap    ☐ visor    ☐ sunglasses

☐ Student requires tinted lenses indoors

☐ Student squints in bright light    ☐ student avoids looking toward bright light

☐ Student visually disoriented for \_\_\_\_\_ minutes when going from indoors to outdoors

☐ Student performs near tasks more accurately or easily with directional light on tasks (*based on information from observation and/or tests of visual acuity*)

Comments\_\_\_\_\_

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### **3. DIRECT ASSESSMENT**

#### **3A. APPEARANCE OF EYES**

List any unusual appearance of the eyes that should be evaluated by an eye doctor.

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#### **3B. SHIFT OF GAZE**

*Present two lights or two objects to the student in the positions indicated below. Shine, blink, or shake one object, then pause and do the same with the second object. Additional response time may be needed for students who have motor coordination or motor planning difficulties.*

Shifts gaze from one light source to another:

Shifts gaze from one object to another:

Comments\_\_\_\_\_

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#### **3C. FOLLOWING (TRACKING)**

*Use a small object or light source that holds the student's attention. Move object or light slowly - while it is within the student's range of vision. Try objects first, use a light if not successful with an object.*

Object/Light Used: \_\_\_\_\_

Follows object or light source: ☐left ☐right ☐up ☐down Distance: \_\_\_\_\_

Follows a person's movement: ☐within 3 ft. ☐within 10 ft. ☐within 25 ft.

Following is: ☐smooth ☐jerky

Follows across midline: ☐ Yes ☐No

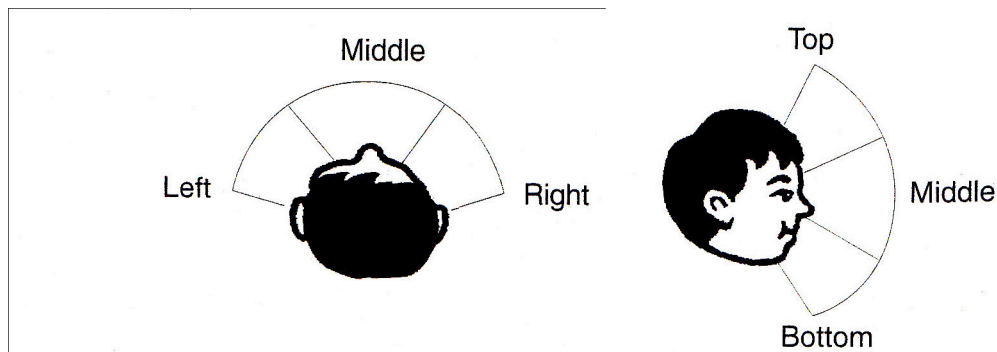
Follows with: ☐head ☐ head and eyes ☐both eyes ☐ RE only ☐LE only

Comments\_\_\_\_\_

\_\_\_\_\_

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### 3D. PERIPHERAL VISUAL FIELDS



(Note: Color in area where targets are **not** seen)

When moving, often bumps into objects: ☐ to the left ☐ to the right ☐ above ☐ below

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3E. DISTANCE VISUAL ACUITY

*Only test if appropriate to student's cognitive level and ability.*

**Test Administered:** \_\_\_\_\_

Distance Presented \_\_\_\_\_ Symbol Size Read \_\_\_\_\_

Visual Acuity (Test Distance/Symbol Size) \_\_\_\_\_

Converted to Equivalent Snellen Acuity \_\_\_\_\_

Comments: \_\_\_\_\_

### 3F. NEAR VISUAL ACUITY USING SYMBOLS (OPTOYPES)

*Only test if appropriate to student's cognitive level and ability.*

**Test Administered:** \_\_\_\_\_

Distance Presented \_\_\_\_\_ Symbol Size Read \_\_\_\_\_

**Recognizes Pictures** (*If appropriate*)

☐ Recognizes simple pictures: smallest size \_\_\_\_\_

☐ Recognizes complex pictures: smallest size \_\_\_\_\_

Comments \_\_\_\_\_

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### 3G. CONTRAST SENSITIVITY

Test Administered: \_\_\_\_\_

Describe Lighting: \_\_\_\_\_

Comments: \_\_\_\_\_

### 3H. STEREOPSIS

*This pertains to fine nearpoint tasks such as threading needles, pouring liquids, reaching for objects within arm's reach. For activities such as walking, climbing stairs, and stepping down from curbs, the major cause of reported difficulties is poor contrast sensitivity rather than poor stereopsis.*

Activity Observed: \_\_\_\_\_

Comments \_\_\_\_\_

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### 3I. COLOR

☐ Selects or points to named primary colors: \_\_\_\_\_

☐ Matches primary colors: \_\_\_\_\_

☐ Demonstrates color preferences (*specify colors*): \_\_\_\_\_

**Test Administered:** \_\_\_\_\_

Comments \_\_\_\_\_

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## References

Corn, A. & Koenig, A. (200). Foundations of low vision: Clinical and functional perspectives, pg. 229.

Harrell, L. Functional Vision Assessment Checklist: Appendix E.